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ABSTRACT

This paper on day care services presents: (1) an examination of aspects of home care for children which characterize it as a behavior setting independent of the mother-child bond; (2) a comparison of these home aspects with several common types of day care; and (3) an evaluation of current day care types based on similarities to a good home. Research methodology is not included, but subjects chosen for observation included 14 children in 14 family day care homes, 84 children attending 14 group care centers, and 14 children who attended nursery school part-time and were cared for individually in 14 private homes and also attended nursery school part-time. Differences among types of day care are discussed. Other topics include: (1) child-initiated and teacher-initiated activities, (2) adult-child ratio during activities, (3) number and kinds of people in the setting, (4) kinds of adult input and (5) the physical setting. A final section discusses the logic of behavior settings and the home as a workable model for day care. (SDH)

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IS DAY CARE AS GOOD AS A GOOD HOME?

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Introduction

Although maternal employment during a child's early years is becoming increasingly common, there is still considerable public ambivalence about the substitution of a day care experience for care at home with mothers. Some still see the provision of day care services as undermining the family by making it increasingly easy for women to work. Others, referring to the literature on separation, have focused on the possible disturbance in the mother-child bond. More recently, it has been argued that children of the poor might be better off in day care because of alleged inadequacies in their own homes. Despite the difference in outlook which each of these viewpoints represents, they have in common a concern about the child's relationship to his home.

There have been efforts to evaluate the effects of day care on children, [1,2], but these efforts have not been focused on possible differences which might be found in the environment provided by day care as compared to that found in a good home. Perhaps one reason that this aspect has been ignored is that the term home often has been considered essentially synonomous to the term mother-child bond.

The purpose of this paper is (1) to focus on those aspects of the home which characterize it as a behavior setting independent of the mother-child bond (2) to compare these features of homes with several types of day care commonly used by families of young children and (3) to evaluate current types of day care according to their similarity to a good home.

A Look at Types of Day Care

Two common forms of day care are (1) care in someone else's home, commonly known as family day care, which accounts for approximately 31% of all care,* and (2) center care, which accounts for about eight percent of day care services. Our previous research[7] has led us to further differentiate center care into two general types based on the director's policies on teacher versus child initiation of activities. Centers where teachers make most of these decisions we have called closed structure; those where children are encouraged to choose are labeled open structure. Based on our experience in Southern California these two types seem to occur with about equal frequency.

In order to compare types of care we observed 112 children age two to five, each for 180-200 minutes. Eighty-four of these children were enrolled in 14 day care centers with a community reputation for quality, one half having open and one half having closed structure. Fourteen children were receiving care in 14 family day care homes where the criterion for quality was

* The other 61% is accounted for by care in the child's own home or care by relatives.

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commitment to participation in a demonstration community family day care project. Another 14 children spent the day in their own homes supplemented by part time nursery school; we observed them in both settings.

The details of our research methods and findings are available elsewhere.[5,6] An observation instrument, *The Day Care Environmental Inventory*,[4] was designed to permit immediate coding of two levels of behavior. One code records the child's mode of behavior every 15 seconds in categories of rejecting, thrusting, responding and integrating, his direction of attention and amount of adult input. The other code provides descriptors for a unit called the activity segment which accounts for the larger activity system of which the 15-second coding is a part. (For example, an activity segment begins when a child goes to the swing area and selects a swing; it continues until the child stops swinging and leaves).

Some Differences Among Types of Care

In reporting our findings I will concentrate on five questions which elucidate some of the most striking differences between these types of care viewed as behavior settings.

How does the child get into and out of activities?

We found marked differences in the way in which children's activity segments were initiated and terminated. In closed structure centers these decisions were made by adults 58% of the time; in open structure centers, 20%; in family day care, 13%; and in home care, 7%. Adult facilitation (in contrast to adult pressure) of the starting and stopping of children's activities was markedly low in closed structure care.

This basic difference in who initiates activities determined other characteristics of the child's day. In closed structure centers time spent in structured transitions, such as lining up to go outside, toileting, waiting for lunch, averaged 24% of the child's time. In both types of home-based care this category dropped to less than 3%.

The efforts necessary to control children's choice of activities apparently lead to other consequences. Where children are less free to choose, adults spend more time closing off possibilities (example: two boys on the swings start to swing face down and are stopped by the teacher), and on emphasis on rules (example: *Remember, John, we share.*)

What is the adult-child ratio during these activities?

We examined 1,687 activity segments and found that activities in which there was a one-to-one or a one-to-two or -three ratio occurred with about five times the frequency in home-based as compared to center care. In open structure centers slightly more than 25% of the child's activities occurred with no adult present. In closed structure settings children often were in groups of 10-12 children for the entire day. In this respect home-based settings were quite similar to open structure care. Activities which occurred in home settings with no adult present more often gave the child private time to play alone than did group settings.

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What about number and kinds of people in the setting?

Wide-Age Range There are marked differences in the numbers and kinds of people in the various settings. Closed structure centers invariably group children by age; open structure centers sometimes mix two and one-half to five year old children. Family day care homes commonly have infants, toddlers, and children who come home from school. Instances of care and attention to infants by children were common in family care, non-existent in group care.

Size of Setting The number of people in a setting also varied. Although we tried to get a range of settings according to size, all of our closed structure settings were large centers (over 60) and we found no small centers (under 30) with closed structure.[3] Of course all the home settings are markedly smaller. We seldom found more than four children at one time. In the non-day care sample the child being observed often was the only child in the home during much of the day, a circumstance which gave the child a great deal of privacy and unlimited access to an adult.

What kinds of adult input does the child receive?

We also found marked differences in the type and amount of adult input. Adult input was coded as one of two types; pressure, indicating that the child was to comply (example: *John, put the blocks away*) or facilitation (example: *John, do you need any help in putting the blocks away?*) In closed structure care adult pressure occurred at the rate of 22 per 100 minutes. This amount dropped across types of care and was lowest in home care, 5 per 100 minutes. In like manner adult facilitation rose steadily across types of care and was highest in home-based care. The total amount of adult input was considerably higher for home-based care than for center care. It was particularly low in open structure care.

Children most often directed their attention to adults (rather than to other children) in home care followed by family day care and closed structure. Attention to adults was significantly lower in open structure day care. In this type of care, however, attention to children was significantly higher than in home care.

It appears that closed structure group care presents clear adult authority, but that adults do not respond to children in individualized ways. In open structure care adults may not have sufficient impact. In both of the home-based settings adult input was higher both in amount and in facilitative input.

Are there differences in the physical setting?

We found marked differences in physical setting between type of care. Most of the home settings in which we observed provided access to most of the following experiences, which we have used as indicators of softness:

Child/adult cozy furniture: rockers, couches, large pillows, etc.
Large rug or full carpeting
Grass which children can be on
Sand which children can be in, either a box or area

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Dirt to dig in
Animals which can be held and fondled
Single sling swings
Play dough
Water as an activity
Very mess materials such as mud, finger paint, clay, shaving cream
Laps, adults holding children

If the softness rating is applied to centers, closed structure centers characteristically offer three or less of these opportunities, while open centers more commonly make them available. Homes abound in softness -- they have couches, pillows, chocolate pudding to help make, water play in the back yard in hot weather. Dogs and cats are common in home settings and are not found in group settings. Where these components are lacking there may not be sufficient opportunities for tactile sensory exploring.

There is also a difference in the availability of materials which can be incorporated into a child's play to enhance its possibilities for interest and involvement. In homes, the play in a sandpile may be enriched by pods from trees, jar lids, paper towel rolls, etc. In a center with an asphalt playground and nothing available except that which is toted outside daily by the staff, the play possibilities may be markedly reduced unless the staff is highly motivated to keep providing them.

Settings with high softness rating also provide more opportunities for privacy than settings which are low on this dimension. It is easy to curl up on the rug under a table or to get away by putting a blanket over an easy chair. This sort of escape is difficult in a setting which has a linoleum floor and traditional classroom furniture. Closed structure group care was particularly devoid of private hidey places.

Access to certain areas of activity also differs by type of care. Centers do not ordinarily permit children in the kitchen. Children in homes appear to spend a good deal of time there. We observed children sorting silverware and putting it in the dishwasher, looking in the refrigerator for a snack which would meet mother's criteria of nutrition, and helping with a variety of cooking tasks.

Homes also expose children to a variety of adult workers in varied settings. There is the repairman who comes in, the mailman to watch for, the frequent trips to the bank, the gas station and the grocery store. These types of experiences are much less common in centers,

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The Logic of Behavior Settings

Our first days of observing in home settings came as a form of cultural shock after our years of observing in centers. Conversations were not formal discussions of *what little rabbit did*, but about whether the photograph on the bureau was taken before or after the family day care mother was married, and if her son was born then, or whether *the post office where my daddy works is the same one where the mail man gets his mail.*

Or take the question *What would you like for lunch?* which a mother asked the children during our first home observation. It lead to a long conversation about finding something everyone liked, about the ingredients which were necessary, whether it was nutritious, and finally about how much time it would take to prepare. Such a question is not asked in group care. There are conversations about food in group care, but they usually take the form of *are peas a vegetable?* and go on to how many vegetables can be named, their colors, their shape, etc.

I would argue that both types of conversation are educational, but that they employ a different form of logic. The first question requires inductive logic which must bring a wide variety of ideas together to problem-solve in meeting human needs. The second type of logic requires an understanding of abstract categories. It is a form of logic which children are bound to encounter in elementary school. It does not require wide ranging problem-solving, nor does it require sensitivity to the needs of human systems.

We found differences in the behavior of children across settings which appear to give some support to this idea. Children in closed structure settings spent significantly more time in meeting expectations (example: obeys, answers questions, keeps body in appropriate position). They were markedly lower on all types of thrusting behavior (example: being physically active, giving orders, selecting, choosing, playful and aggressive intrusion, asking for help, giving opinions). Although children in open structure were higher than those in closed structure on these categories of active engagement with the environment, the home-based settings were highest. Home-based settings also were highest on incidence of receiving help and lowest on categories of distress, such as receives frustration, rejection, does not attend to external stimuli (example: thumbsucking, crying,) or tentative behaviors (example: fumbling with a puzzle while looking across the room).

A home is a behavior setting whose purpose for existence is the meeting of day-to-day human needs. Even a home which provides day care to non-family members still functions as a home. To fulfill this function, homes have a physical setting which has evolved to meet these needs; and society socializes its members to function in homes.

Group care is a behavior setting whose clearest and most obvious purpose is to keep a group of children safe and happy while away from their families. This setting is a much more artificial one, lacking any broader purpose, and frequently inhabited by people who are brought together merely by the accidents of hiring practices and rules of eligibility. Because the number of children is usually much larger than that in a home, there has been a strong tendency for all but the smallest centers to adopt as a model not the home but the institution which most commonly deals with children in groups, namely, the school.

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Adults who work with children in day care ordinarily refer to themselves as teachers. If they are untrained, as many are, the word teacher seems to suggest to them the role they themselves experienced in elementary school, in which the teacher presents information to children in a group, gives them follow-up assignments, and watches over their play at recess. This perception of role does not include the emphasis on sensory tactile exploring nor the nurturance of autonomy and initiative so important to development in early childhood.

Those who are more sophisticated appear to take as model the role of the nursery school teacher, which does include these emphases. However, the nursery school teacher does not have to deal with the arrangement of the environment and scheduling necessary to enable adults, as well as children, to make it through the long day. Nursery school teachers are trained to promote peer interaction and cognitive development; they need not be concerned with the nurturing that goes with sleeping and eating and contact with real life situations, since this will be provided by mother after school.

The Home as a Workable Model for Day Care

Suppose that all day care had as its goal the provision of the experiences found in behavior settings called homes? Almost all adults, regardless of amount of special training, have experience with homes and how they work. For sometime to come many centers will be staffed by adults with little training. If centers concentrated on making their environment more home like and staff were encouraged to act like home makers instead of teachers, they would have a much more familiar experience as a guideline for decision making.

In the center which looked more like a home there would be easy chairs to provide quiet corners for privacy; there would be a couch and adult sized chairs where staff could sit comfortably and rest occasionally, instead of standing or perching on tiny nursery school chairs. Children would be involved in the daily operation of the center, like putting sheets in the washing and helping with the cooking.

There would be the recognition of the importance of variability in adult-child ratio so that every child would have some individualized time with adults during the day. These opportunities occur naturally in a setting which provides enough to do for children and comfortable accessible places for staff. Adults such as the postman, plumber, salesmen who come into the center for business will not be carefully isolated from children. Some centers have found ways to operate like this. I'm proposing that it could happen more easily if adults had a familiar model to emulate.

Finally, I would propose limiting the size of centers. Centers which get to be much larger than about sixty children do not, despite the intentions of well-qualified staff, seem to stay as warm and personal as smaller centers.

Issues of Implementation

The findings which I have presented, which appear to be critical of center care, make clear some of the difficulties of providing homelike experiences in group settings. Nevertheless, I feel that centers can make an important contribution as a stable, dependable, and potentially rich source

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of care. Group care has been handicapped by its lack of the clear goals of such other early childhood programs as Head Start and the cooperative nursery school. Policy statements which have attempted to describe types of day care as either custodial or developmental have further muddied the issue of goals.

Family day care, which more easily provides a homelike experience for children, is not without its own problems. It is not a visible community service, and attempts to control it through licensing may create more problems than they solve. Mothers frequently have trouble locating care which is available. Opportunities for peer interaction sometimes are limited, and caregivers often could use specialized training. However, family day care is a valuable community resource and deserves more support and attention than it has received.

Clearly day care is here to stay. It is found in many forms, and I am firmly convinced that diversity in care arrangements should be encouraged.

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